| PATENT-APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2004  LOCOS 3012   |  |  |                                    |   |                  |          |                    |                                       |        |                      | 2                      |  |
|--|--|--|------------------------------------|---|------------------|----------|--------------------|---------------------------------------|--------|----------------------|------------------------|--|
| -  | E.A.   |  | AIMS AS FILED - PART<br>(Column 1) |   | (Column 2)       |          | SMALL ENTITY TYPE  |                                       | OR     | OTHER THAN           |                        |  |
| FOR 09/10/07   |  | NUMBE  | R FILED                            | NUMBER 6                                      | EXTRA            |          | RATE               | FEE                                   |        | RATE                 | FEE                    |  |
| BASI   | CFEE   |  |                                    |   |                  |          | 395.00             | OR                                    |        | 740                  |                        |  |
| TOTA   | L CLAIMS                                       | 1  | 7 minus 23 * 👄                     |   | ×                | ¢\$11=   |                    | OR                                    | x\$22= |                      |                        |  |
| INDE   | PENDENT CLA                                    | ums ·  | 4 minus                            | ₅ <i>5</i> • ∂                                |                  |          | x41=               |                                       | OR     | x82=                 |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                                    |   |                  |          | -135=              | -                                     | OR.    | +270=                |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |                                    |   |                  | <u> </u> | TOTAL              | ,                                     | OR     | TOTAL                | W.                     |  |
| CLAIMS AS AMENDED - PART II  |  |  |                                    |   |                  |          |                    |                                       |        | OTHER THAN           |                        |  |
|  |  | - (Column 1)                                 |                                    | (Column 2) HIGHEST                            | (Column 3)       |          | SMALL              | ENTITY                                | OR     | SMALL                | ENTITY                 |  |
| <b>AMENDMENT A</b>   |  | REMAINING AFTER AMENDMENT                    |                                    | NUMBER<br>PREVIOUSLY<br>PAID FOR              | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE                |        | RATE                 | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •  | Minus                              | **  | =                | ,        | ¢\$11=             |                                       | OB     | x\$22=               | 3                      |  |
|  | Independent                                    | •  | Minus                              | ***   | =                |          | x41=               |                                       | OR     | x82=                 | - 1<br>- 1             |  |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |   |                  |          | <b>-135</b> =      | :                                     | ·OR    | +270=                | ·                      |  |
|  |  |  |                                    |   |                  |          | TOTAL<br>DIT. FEE  |                                       | OR ,   | TOTAL<br>DDIT. FEE   |                        |  |
| AMENDMENT B  |  | (Column 1)  CLAIMS REMAINING AFTER AMENDMENT |                                    | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA    |          | RATE               | ADDI-<br>TIONAL<br>FEE                | i i pr | HET AINS<br>RATES    | نا-                    |  |
|  | Total .  | •  | Minus                              | **  | =                |          | x\$11=             |                                       | OR     | x\$22=               |                        |  |
|  | Independent                                    | •  | Minus                              | ***   | =                | 11       | x41=               | : : : : : : : : : : : : : : : : : : : | OR     | x82=                 | 2 3                    |  |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |   |                  | ] [      | +135=              |                                       | ÓR     | +270=                |                        |  |
| -:   | (Column 1) (Column 2) (Column 3)               |  |                                    |   |                  |          | TOTAL<br>ODIT. FEE |                                       | OR     | OTOTAL<br>ADDIT. FEE |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT             |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE                |        | RATE                 | ADDI-<br>TIONAL<br>FEE |  |
|  | Total 6  |  | Minus                              | ••  | =                |          | x\$11=             |                                       | OR     | x\$22=               |                        |  |
|  | Independen                                     | t :  | Minus                              | •••   | =                |          | x41=               |                                       | OR     | x82=                 | . !                    |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |   |                  |          | +135=              | , ,                                   | OR     | +270=                |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                                    |   |                  |          |                    |                                       |        |                      |                        |  |

THE Communication and Chair state of an interface.

Application or Docket Number